

EXHIBIT E

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Alex Padilla

California Secretary of State

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Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Sunday, November 12, 2017. Please refer to document [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

C1842978 MAKE HIM SMILE, INC.

Registration Date:	06/03/1993
Jurisdiction:	CALIFORNIA
Entity Type:	DOMESTIC STOCK
Status:	ACTIVE
Agent for Service of Process:	KEVIN FARLEY
Entity Address:	753 N. KINGS RD. #204 WEST HOLLYWOOD CA 90069
Entity Mailing Address:	753 N. KINGS RD. #204 WEST HOLLYWOOD CA 90069

A Statement of Information is due EVERY year beginning five months before and through the end of June.

Document Type	□	File Date	□	PDF
SI-COMPLETE		12/02/2015		
SI-COMPLETE		05/17/2010		
REGISTRATION		06/03/1993		Image unavailable. Please request paper copy.

* Indicates the information is not contained in the California Secretary of State's database.

Tax Information
Starting A Business Checklist
FTB Nonprofit Dissolution
FTB Administrative Dissolution/Surrender Notice
FTB Abatement
Customer Alerts
Business Identity Theft
Misleading Business Solicitations

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- If the image is not available online, for information on ordering a copy refer to [Information Requests](#).
- For information on ordering certificates, status reports, certified copies of documents and copies of documents not currently available in the Business Search or to request a more extensive search for records, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Frequently Asked Questions](#).

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Agency

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10-10822

**State of California
Secretary of State**

**STATEMENT OF INFORMATION**

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED
 in the office of the Secretary of State
 of the State of California
MAY 17 2010

This Space For Filing Use Only

S1. CORPORATE NAME (Please do not alter if name is preprinted.)
 C1842978
 Make Him Smile, Inc.
38**DUE DATE:** June 30, 2010**NO CHANGE STATEMENT** (Not applicable if agent address of record is a P.O. Box address. See instructions.)2. If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 16.

If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
5307 Lighthouse Bay Drive	Madison	WI	53704
4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
		CA	
5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 3	CITY	STATE	ZIP CODE

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

6. CHIEF EXECUTIVE OFFICER/Chairman	ADDRESS	CITY	STATE	ZIP CODE
Mary Anne Farley	5307 Lighthouse Bay Drive	Madison	WI	53704
7. SECRETARY/	ADDRESS	CITY	STATE	ZIP CODE
Barbara Anne Farley	601 N. Segoe Road, #205	Madison	WI	53705
8. CHIEF FINANCIAL OFFICER/Treasurer	ADDRESS	CITY	STATE	ZIP CODE
Barbara Anne Farley	601 N. Segoe Road, #205	Madison	WI	53705

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
Mary Anne Farley	5307 Lighthouse Bay Drive	Madison	WI	53704
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
Barbara Anne Farley	601 N. Segoe Road, #205	Madison	WI	53705
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

12. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 14 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 14 must be left blank.)
13. NAME OF AGENT FOR SERVICE OF PROCESS

James F. Walters

14. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
21700 Oxnard Street, Suite 900	Woodland Hills	CA	91367

TYPE OF BUSINESS15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Holding Company16. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

5/11/10 Mary Anne Farley

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

Chairman

TITLE

Mary Anne Farley, Ch.
SIGNATURE



State of California

Secretary of State

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

2. CALIFORNIA CORPORATE NUMBER

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE
SI-200 (REV 01/2013)	Page 1 of 1		Exhibit E Page 17
		APPROVED BY SECRETARY OF STATE	